Now You Can Choose A

HEALTH PLAN

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What is Medicaid Managed Care?

Medicaid Managed Care offers many New Yorkers a chance to choose a Medicaid health plan. Managed care plans focus on preventive health care and provide enrollees with a medical home for themselves and their families. You may choose your own managed care health plan to meet your needs.

How can joining a health plan help me and my family?

Medicaid Managed Care can help you and your family get quality health and preventive care from a primary care provider (PCP). Your PCP will help you get other medical benefits that you need, like specialty and hospital care.

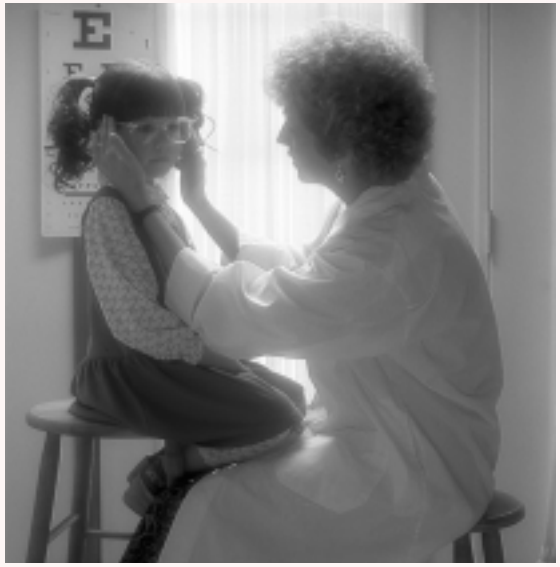
How can I join?

Almost 2 million New York residents are currently enrolled in Medicaid Managed Care.

Check with your local department of social services to learn if you can join a health plan.

Please see page 8 of this brochure for more information on how to join a health plan.

In This Guide...



Who Can Join a Medicaid Health Plan

Most individuals and their families may join a health plan. You may contact your local department of social services office to see if you are eligible to enroll in a managed care plan.

Some People Must Stay with Regular Medicaid

Some people with Medicaid are not allowed to join a health plan. This means they are excluded from joining a health plan and must stay with regular Medicaid. If you think you might be excluded, please see the section "Who can't Join Medicaid Managed Care" on page 10, for a full list of people who cannot join.

How Health Plans Work

You Have a Regular Doctor

When you join a health plan, you choose one doctor to be your regular health care provider. Some plans will let you choose a nurse practitioner. This person is your Primary Care Provider (PCP). Each of your family members will also have a PCP who works with the plan you join.

You can reach your PCP's office or health plan 24 hours a day, 7 days a week.

You Can Get Regular Check-ups

- Your PCP will give you regular check-ups to help prevent problems from starting or getting worse. Visit your PCP soon after you join a plan.
- Your children will have regular check-ups as babies, small children, teenagers and young adults.
- You will get health care during pregnancy to keep you and your baby healthy.

You Can See Specialists

- Your PCP will give you a referral (written permission) when you need to see a specialist.
- Your PCP will also talk to the specialist about your health problems.
- If you see a specialist often, you can ask your plan to have your specialist work as your PCP, or get special permission to see the specialist for a long period of time (standing referral).

You Do Not Need a Referral for Some Specialists

- You do not need a referral for your OB-GYN preventive services or for pregnancy care.
- You do not need a referral to see another provider in your plan for one mental health evaluation and one chemical dependence evaluation in one year.
- You do not need a referral for family planning services.
- You do not need a referral for vision care.

In Most Cases, You'll Have Guaranteed Eligibility for Six (6) Months

This means that you are promised the services your health plan covers, along with pharmacy and family planning services, six (6) months from the month you joined the plan, even if you no longer qualify for Medicaid.

You Can Learn How to Stay Healthy

Most plans offer special health education programs, such as " How to Quit Smoking" or "How to Lose Weight." These programs can help you stay healthy.

Medicaid and Health Plan Benefits

When you join a Medicaid health plan, you keep the same Medicaid benefits. Most Medicaid health benefits are included in the services provided by the health plans. Among the services offered by the plans are:

- Regular check-ups and shots
- Visits to the doctor when you are sick
- Care during pregnancy
- Hospital care, lab tests, X-rays
- Referrals to specialists, when needed
- Short-term home health care
- Emergency care
- Mental health services *
- Many other Medicaid services, such as eye care, medical equipment and HIV testing and counseling
- Transportation assistance varies by county. Your health plan handbook will tell you how this works

** If you get SSI, Social Security Disability or if you are certified blind or disabled, you will get your mental health and chemical dependency services by using your Medicaid Benefit card.*

Keep Both Your Medicaid Benefit Card and Plan ID Card

Remember to keep your Medicaid benefit card on hand. You will need to use it for some services your Medicaid health plan does not cover.

You Will Use Your Medicaid Benefit Card:

- when you go to the drugstore to get your medicine.
- for family planning (most plans also offer family planning, see next page)
- for outpatient chemical dependence rehabilitation and treatment services
- other Medicaid services, if they are not covered by your plan.

If you get SSI, Social Security Disability or if you are certified blind or disabled, you will also need to use your Medicaid card for mental health and chemical dependency services.

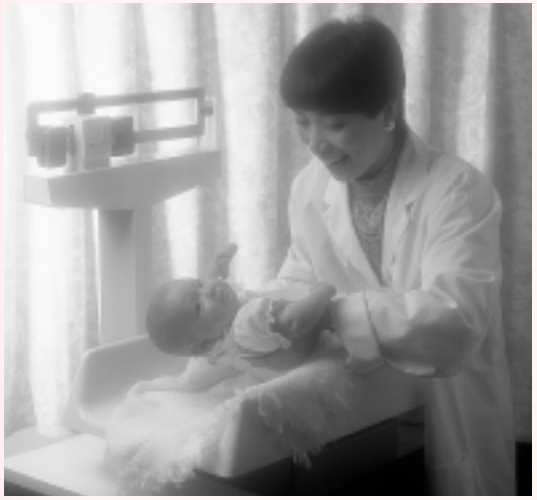
About Your Dental Care

Some plans offer dental care. Ask your local department of social services managed care unit which plans offer dental care. If a plan offers dental care, you must go to a dentist in the plan. If the plan does not offer dental care, you may go to any dentist who takes regular Medicaid.

Family Planning Services

Most health plans offer family planning services. In addition, every member of every plan can go to any Medicaid provider for family planning. You do not need a referral from your PCP for family planning. Here is a list of family planning services:

- Birth control pills, condoms, diaphragms, IUDs, Depo Provera, Norplant and foam
- Emergency contraception
- Pregnancy testing and counseling
- Sterilization
- Sexually transmitted disease (STD) testing and treatment
- HIV testing and counseling, when it is part of a family planning visit
- Abortions (that you and your doctor agree are necessary)



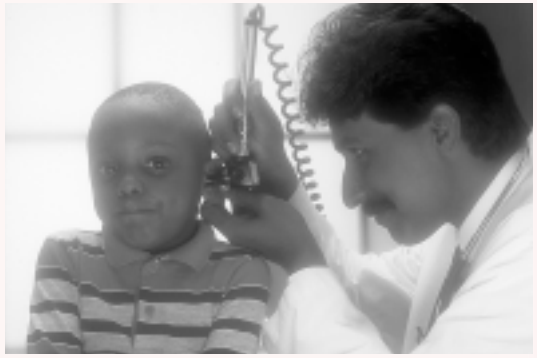
Using the Emergency Room

Go to the emergency room when you think there is a real emergency. Do not use it for routine care. Your PCP can treat problems that are not emergencies.

Some examples of medical emergencies are:

- Passing out
- Convulsions (fits or spasms)
- Poisoning or drug overdose
- Broken bones
- Bad burns
- A lot of pain
- Bleeding that will not stop
- Head or eye injuries
- Trouble breathing
- Miscarriage
- Heart attack
- High fever
- Chest pains
- Rape
- Any other serious problem

If you go to the emergency room, call your health plan as soon as possible afterwards.



Preventive Care Helps Keep You and Your Family Healthy

A regular visit to your primary care provider (PCP) is a good idea.

Did you know that the following check-ups may identify health problems early and help keep you and your family healthy?

- Childhood Immunization (shots)
- Diabetes
- Heart Disease
- High Blood Pressure
- Lead Screening for Children
- Mammogram (Breast Exam)
- Ob/Gyn Exam/Pap Smears
- Prostate Exams

Get Ready to Join

- Read the information below on how to choose your plan.
- Choose a health plan and the doctors for you and your family.
- Fill out and sign the enrollment form.
- Mail it or take it to your local department of social services office.

How to Choose a Medical Plan

1. Think About the Doctors You Want

When you join your new health plan, you will choose a doctor to be your primary care provider (PCP). Your PCP will provide your health care and refer you to other doctors if you need them. If you want to get care from the doctor you have now, or a new doctor you have chosen, you must pick a plan that includes that doctor. You should call your doctor or the new doctor you want to see to find out what health plans they are in. If you are choosing a new doctor, call and make sure the doctor is taking new patients. Making this call will ensure that you can have the doctor you want. If you don't know what doctor you want and need help choosing, you can call your local department of social services managed care unit.

2. Think About the Services Your Family Needs

If you get SSI, Social Security Disability or if you are certified disabled, you will also need to use your Medicaid card for mental health and chemical dependency services.

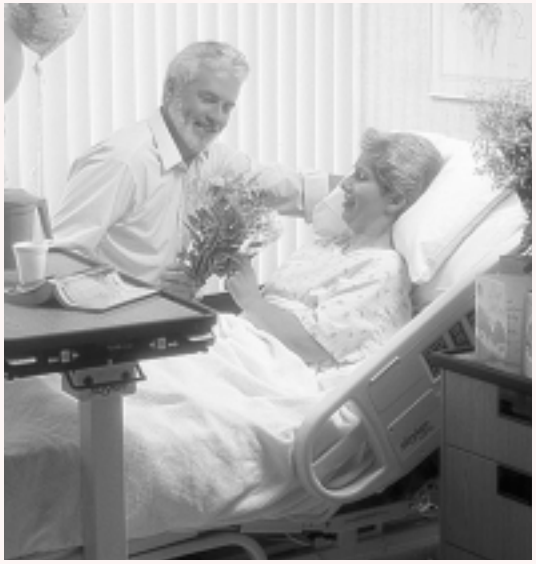
3. Find Out About Medical Plans Available to You

Health plans are not all the same. To learn more about each health plan, call your local department of social services managed care unit to find out about the health plans available to you, the hospitals they work with, and what services each plan offers. (Refer to page 7 for more information).

How Do I Know When I Can Start Using My Health Plan's Services?

- Your local department of social services will send you a letter to confirm the plan you chose and the date that you can begin using your health plan.
- Your new health plan will send you a welcome letter and a member ID card. If you need care before your ID card arrives, use the plan's welcome letter to show that you are a member.
- You will also get a member handbook that will explain how to use your plan's services.

Remember, after you join a plan, you must use the hospitals, clinics, and doctors that work with the plan to get most of your care. Remember that you may only see the doctors and use the clinics and hospitals you do now, if they work with the health plan you choose. So think about which plan is right for you and your family.



Who Can't Join Medicaid Managed Care

Some people with Medicaid are not allowed to join a health plan. This means they are excluded from joining a health plan and must stay with regular Medicaid. Here is the list of people who cannot join Medicaid Managed Care.

- People in nursing homes, hospices, or long term health care demonstration programs.
- People eligible for both Medicaid and Medicare, unless eligible for Medicaid Advantage.
- People with other health insurance (if that insurance costs less than Medicaid).
- People who are on Medicaid only after they spend some of their own money for medical needs (spenddown cases) or pay a Medicaid premium.
- Children in the care and custody of the Office of Children and Family Services.
- Children or adults in State psychiatric or residential treatment facilities.
- People who live in Family Care Homes licensed by the Office of Mental Health.
- People receiving services in the breast and cervical cancer treatment program.
- Disabled babies under six (6) months old.
- Infants living with their mothers in jail or prison.
- People who will get Medicaid for less than 6 months except for pregnant women.
- Blind or disabled children living apart from their parents for thirty (30) days or more.
- People eligible for TB services only.
- People in the Recipient Restriction Program.

If You Have a Question or Problem with Your Health Plan

Use your plan's member services department. Each plan has a member services department to:

- Tell you about the plan.
- Send you a member handbook.
- Invite you to an orientation session to learn about the plan, or tell you about it over the phone.
- Send you a member ID card with the plan's phone number on it and the name of your PCP.
- Help you choose a PCP.

You can do any of the following:

- Call the plan's member services department and tell them your problem. Often they can help. The toll free phone number is on your member ID card.
- Call your local department of social services managed care unit.
- Change plans. Call your local department of social services managed care unit.
- Ask for a fair hearing if your plan has denied, stopped, or reduced the covered services you think you should get. Call your local department of social services managed care unit to find out more about fair hearings.
- Call the State Department of Health Complaint Line, Monday through Friday 8:30 a.m. to 4:30 p.m., at 1-800-206-8125, if you have a problem with your health services.

MAKE SURE THE PLAN YOU PICKED IS RIGHT FOR YOU...
IF YOU ARE NOT SATISFIED, YOU MAY BE ABLE TO CHANGE PLANS

If You Are Not Medicaid Eligible, You May Be Eligible for Family Health Plus

Family Health Plus (FHPlus) is a public health insurance program for the uninsured that will provide a comprehensive set of health care services at no cost to the enrollee. All FHPlus services are provided through health plans.

Who Can Join?

- Uninsured adults ages 19 through 64, who are permanent New York State residents, United States citizens or fall under certain immigration categories AND
- Are not eligible for Medicaid because of income or resources.

Can I Join?

- Enrollment facilitators and local social services district offices can help you apply and choose a health plan; recertification can be done by mail.

What Services are Covered?

- Inpatient Hospitalization
- Outpatient Care
- Preventive Health Care/ Education
- Durable Medical Equipment
- Physicians/Nurse Practitioner/ Midwives
- Second Medical/ Surgical Opinions
- Diabetic Supplies and Equipment
- Short-term Rehabilitation
- Family Planning/ Reproductive Health
- Mental Health and Chemical Dependence Services (some limits apply)
- Emergency Care
- Lab Tests and X-rays
- Prescription Drugs
- Emergency Transportation
- Prosthetics and Orthotics
- Dental Care (if offered by plan)
- Smoking Cessation Products
- Home Health Care (with limits)
- Vision, Speech and Hearing

Staying Informed

View the website at: **www.health.state.ny.us**

Inquiries can be e-mailed to: **FHPlus@health.state.ny.us**

Call the information hotline: **1-877-9FHPLUS or 1-877-934-7587**

Notes

Notes

State of New York
George E. Pataki, Governor
Department of Health
Antonia C. Novello, M.D., M.P.H., Dr.P.H., Commissioner